

Please type a plus sign (+) inside the box →



COPY OF PAPERS
ORIGINALLY FILED

2881 8-15-02

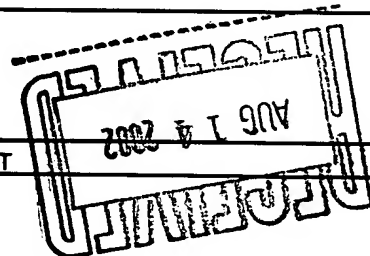
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number		10/086,137			
(to be used for all correspondence after initial filing)		Filing Date		February 26, 2002			
		First Named Inventor		ZHANG, GUANGZHI			
		Group Art Unit		2881			
		Examiner Name		N/A			
Total Number of Pages in This Submission		N/A		Attorney Docket Number		NUFO-011	
ENCLOSURES (check all that apply)							
<input type="checkbox"/> Fee Transmittal Form		<input type="checkbox"/> Assignment Papers (for an Application)		<input type="checkbox"/> After Allowance Communication to Group			
<input type="checkbox"/> Fee Attached		<input type="checkbox"/> Drawing(s)		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input type="checkbox"/> Amendment / Reply		<input type="checkbox"/> Licensing-related Papers		<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> After Final		<input type="checkbox"/> Petition		<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Petition to Convert to a Provisional Application		<input type="checkbox"/> Status Letter			
<input checked="" type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address		<input type="checkbox"/> Other Enclosure(s) (please identify below):			
<input checked="" type="checkbox"/> PTO SB/08A		<input type="checkbox"/> Terminal Disclaimer					
<input checked="" type="checkbox"/> (4) Cited Documents		<input type="checkbox"/> Request for Refund					
<input type="checkbox"/> Certified Copy of Priority Documents		<input type="checkbox"/> CD, Number of CD(s) _____					
<input type="checkbox"/> Response to Missing Parts/Incomplete Application							
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53							
Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual Name	ROBERT C. HALL, Reg. No. 39,209						
Signature							
Date	July 23, 2002						



CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 7-25-02	
Typed or printed name	Teri Muir
Signature	
Date	7-25-02

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

